

Application Form

After School Vocal/ Instrumental Tuition, After School Ensembles and Saturday Centre

Please complete sections A, E and F (all applicants) and other sections as required

Section A- to be completed by ALL applicants

Child's name		Parent's name		
Home Address		Date of Birth	Male/ Female	Current School Year
Postcode:				
Home Telephone Number		Mobile or Emergency Telephone Number		
Email Address		School attended		
Do you have any special needs? Yes [] No [] If yes, please give details:		Do you qualify for Free School Meals? Yes [] No []		
Do you have any medical conditions? Yes [] No [] If yes, please give details:		Are you a child in care? Yes [] No []		
Which of the following best describes your ethnic origin?				
<input type="checkbox"/> White British	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> White Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Black African	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Turkish/Turkish Cypriot	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Black- Any other	<input type="checkbox"/> Any other: (please state)
<input type="checkbox"/> White- Any other	<input type="checkbox"/> Mixed- Any other	<input type="checkbox"/> Tamil	<input type="checkbox"/> Asian- Any other	

Section B- After School: Instrumental/ Vocal Tuition

Which instrument would you like to learn?		What is your level? e.g. beginner
If you currently play an instrument, please give details below:		
Name of instrument (list all)	How long have you been learning?	Name of present teacher

Section C- After School EnsemblesWhich ensemble would you like to join? *(for children already receiving instrumental tuition)*

Name of instrument	How long have you been learning?	Approximate grade/ level?	Name of present teacher

Section D- Saturday Centre Applicants: Ensembles & Musicianship*(for those already receiving instrumental tuition)*

Which Musical Activities/Ensemble(s), including Theory, would you like to join? (List all)

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What instrument do you play (including voice)?

Name of instrument (list all)	How long have you been learning?	Approximate grade/ level?	Name of present teacher

Section E- to be completed by ALL applicants

Please outline any other musical experience you have and provide any further information you feel will be helpful

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Name of Parent/ carer:

Signature of Parent/ carer:

Date:

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Section F- to be completed by the Headteacher of the applicant's school

Please comment on the applicant's suitability for chosen musical programme

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Headteacher's Name:

School stamp:

Headteacher's Signature:

Date:

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Please return the completed form to:Applications, Lewisham Music Service, The Albany, Douglas Way, Deptford, London SE8 4AG
Phone: 020 8692 4446 Ext: 240 Fax: 020 8691 5260

*Please note, the Music Service only accepts applications from children age 7 and above who attend a Lewisham maintained school or academy or are resident in the Borough of Lewisham. Priority is given to Free School Meals children, Looked After children and children in Lewisham maintained schools or academies. Entry to some ensembles is by audition.